Unaffordable Health Expenditure

77 SHRI KARNENDU BHATTACHARJEE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that rising cost of health care is causing huge debts to 4 per cent of low income group families in the country;

(b) whether these families do not have access to safe drinking water, proper sanitation, nutrition and pollution free environments;

(c) whether it is a fact that because of high health care expenditure 16 per cent of the families are pushed below poverty line;

(d) whether Government are taking remedial measures to contain the rising cost of health care to provide relief to lower income group families;

(e) if so, the details thereof; and

(f) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Rising cost of healthcare is having an adverse impact on low income group families and invariably those below poverty line families do not have equitable access to safe drinking water, proper sanitation and nutrition, the determinants of public health.

(c) to (f) High levels of health expenditure is one of the factors pushing low income families below poverty line though no specific data on this is available. The Government under the National Rural Health Mission launched in April, 2005 aims to provide effective and equitable healthcare to the rural population throughout the country with special focus on 18 States with poor health indicators and weak health infrastructure. The Mission seeks to provide universal access to equitable, affordable and quality healthcare which is accountable and at the same time responsive to the needs of the people including the poor and vulnerable sections of the population. The other goals under the Mission include population stabilization, gender and demographic balance with decentralized planning at the core. The gaps in the existing rural healthcare scenario are being addressed through the involvement of the community, the Panchayati Institutions and other non-governmental organizations. An Accredited Social Health Activist will act as a link between the community and the health care system. The National Rural Health Mission also adopts an inter-sectoral approach with emphasis on determinants of health like sanitation and hygiene, drinking water and nutrition.

Disease control measures

78. SHRI O.T. LEPCHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have taken any effective measures to prevent Cancer/TB/ Hepatitis-B/AIDS, etc. in the country;

(b) if so, the details thereof and the details of budgetary allocation made for the above purpose in the country; and

(c) the details of cases that have been detected in the country, State-wise and Hospital-wise during the last three years?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) Health is a State subject. The Government of India through various National disease control programmes supplement the efforts of the State Governments to control and prevent diseases like Cancer, TB, Hepatitis-B, AIDS etc. in the country. A Statement in this regard is enclosed.

Statement

Efforts of the State Governments to control and prevent diseases like cancer, TB etc. in the country

(1) National Cancer Control Programme

It has been estimated that about 7-9 lakh new cancer cases are detected every year and at any given point of time there are 20-25 lakh cancer patients in the country. The State-wise/Hospital-wise data on number of cancer cases is not maintained centrally. The National Cancer Control Programme being implemented by the Government of India aim at early detection and treatment of Cancer by providing specialized treatment facilities at various Regional Cancer Centres and specialized Government Hospitals. At present there are 25 Regional Cancer Centres in different parts of the country. The Programme also aims at creating awareness among the general public for prevention of the disease through Information Education Communication (IEC) activities through the District Cancer Control Programme in which various NGOs are also involved. The financial allocation for National Cancer Control Programme for the year 2007-08 is Rs. 140.00 crore.

(2) National TB Control Programme

So far as tuberculosis is concerned to control TB, the Revised National TB Control Programme (RNTCP) widely known as DOTS, is being implemented in the country in a phased manner. Under the Programme, diagnosis and treatment facilities including supply of anti TB drugs are provided free of cost to all TB patients. For quality diagnosis, designated microscopy centres have been established for every one lac population in the normal areas and for every 50,000 population in the tribal, hilly and difficult areas. More than 12250 microscopy centres have been established in the country. Treatment centres (DOT centres) have been established near to residence of patients to the extent possible. All government hospitals, Community Health Centres (CHC), Primary Health Centres (PHCs), Sub-centres are DOT Centres, in addition, NGOs, Private Practitioners (PPs) involved under the RNTCP, Community Volunteers, Anganwadi workers, Women Self Groups etc. also function as DOT Providers/DOT Centres. Drugs are provided under direct observation and the patients are monitored so that they complete their treatment. The budgetary allocation for the Revised National TB Control Programme for the year 2007-08 is Rs. 267.00 crore. A Statement indicating details of patients registered for treatment under Revised National TB Control Programme is given at Table-I

(3) Pilot Project for Hepatitis B vaccination

Under the Pilot Project for the introduction of Hepatitis B vaccination in the National Immunization Programme Hepatitis B vaccination is given to infants in selected 15 cities and 33 districts in the country. Under this project AD syringes and Hepatitis B vaccine are supplied in kind by Global Alliance for Vaccine & Immunization (GAVI)

through UNICEF. The project will come to an end by December 2007. Reported cases and deaths due to Viral Hepatitis in the country (State-wise) is given at Table-II. The Budgetary allocation for the pilot project for the year 2007-08 is Rs. 40 crores.

(4) National AIDS Control Programme

Under NACP – III (2007-12), a comprehensive plan has been developed to prevent and treat HIV/AIDS in the country through various interventions. Main features of the scheme are:- Targeted intervention of high risk population and bridge population; Prevention of Mother to Child Transmission; Early detection of persons infected with HIV through counseling and testing; Providing care, support and treatment to eligible HIV/AIDS cases; Blood Safety measures; Use of condom for prevention of STIs and HIV infections; Public awareness for protection from HIV infections and reduction in stigma; Mainstreaming of programme with other departments, sectors and public private partnerships; The details of HIV patients in the country are given at Table-III. The budgetary allocation for the year 2007-08 for National AIDS Control Programme is Rs. 815 crore excluding provision for NRHM.

(5) National Leprosy Eradication Proeramme(NLEP)

The National Leprosy eradication Programme is implemented with the following objectives: Decentralization of NLEP services; Integration of NLEP services with the General Health Care system; Capacity building of Primary health care functionaries in management of leprosy cases; Timely diagnosis & prompt multi-drug treatment MDT; Intensified IEC using Local and Mass Media; Prevention of Disability & Medical Rehabilitation; Monitoring & Evaluation through Management Information System and Independent Evaluation; The details of Leprosy patient in the country are given at Table-IV. The NLEP is 100% centrally sponsored scheme. The budget estimate for NLEP for the year 2007-08 is Rs. 40.00 crores.

National TB Control Programme

State	Total patients registered for treatment 2006	Total patients registered for treatment 2005	Total patients registered for treatment 2004
1	2	3	4
Andaman & Nicobar	920	375	–
Andhra Pradesh	107131	108670	105932
Arunachal Pradesh	2607	2346	2057
Assam	32311	29494	26422
Bihar	61151	28012	14593
Chandigarh	2322	2478	2164
Chhattisgarh	28209	23530	19695
D & N Haveli	391	141	–

1	2	3	4
Daman & Diu	280	158	–
Delhi	47606	45717	43809
Goa	2036	1731	509
Gujarat	79821	77087	79784
Haryana	34693	34516	33606
Himachal Pradesh	13303	13697	13458
Jammu & Kashmir	10268	4478	988
Jharkhand	33035	26178	17356
Karnataka	64842	68695	64432
Kerala	25248	25074	25439
Lakshadweep	16	4	–
Madhya Pradesh	74435	72335	63292
Maharashtra	138837	144564	143766
Manipur	4603	4639	5042
Meghalaya	3929	2953	3800
Mizoram	1912	1915	2035
Nagaland	2695	2934	2239
Orissa	44790	44501	43238
Pondicherry	1513	1462	1203
Punjab	34537	30764	20148
Rajasthan	107783	104315	105596
Sikkim	1458	1578	1724
Tamil Nadu	87065	92725	96639
Tripura	2314	1429	122
Uttar Pradesh	224465	176022	136632
Uttaranchal	11653	10825	8429
West Bengal	109319	107741	103204
GRAND TOTAL:	1397498	1293083	1187353

Reported cases and deaths due to viral Hepatitis in India in 2004, 2005 & 2006

Sl. No.	State/U.T.	2004		2005		2006	
		Cases	Deaths	Cases	Deaths	Cases	Deaths
1	Andhra Pradesh	28222	72	29282	39	17846	28
2	Arunachal Pradesh	–	–	443	4	553	6
3	Assam	10940	0	16929	0	–	–
4	Bihar	–	–	–	–	–	–
5	Chhattisgarh	–	–	–	–	1491	2
6	Goa	96	0	19	0	15	0
7	Gujarat	5860	26	9650	12	9396	16
8	Haryana	1978	136	3458	20	3983	11
9	Himachal Pradesh	2359	0	2669	0	835	11
10	Jammu & Kashmir	8398	0	7908	1	5882	0
11	Jharkhand	–	–	23	0	51	0
12	Karnataka	46659	228	17913	46	14980	24
13	Kerala	7110	2	8905	15	7018	6
14	Madhya Pradesh	15859	28	7047	128	2499	9
15	Maharashtra	63599	201	39167	82	43215	131
16	Manipur	310	1	206	0	346	0
17	Meghlaya	764	1	269	0	294	2
18	Mizoram	790	2	642	2	546	11
19	Nagaland	27	0	1117	0	235	0
20	Orissa	2446	40	2522	21	2687	38
21	Punjab	1798	6	1815	7	3829	17
22	Rajasthan	2272	53	2261	50	3869	78
23	Sikkim	372	5	250	2	290	2
24	Tamil Nadu	12237	8	8263	20	4523	0
25	Tripura	1187	0	343	3	2768	15
26	Uttaranchal	3410	8	884	1	3381	0
27	Uttar Pradesh	2	1	2142	11	3716	6
28	West Bengal	6771	212	5626	135	7433	205
29	A & N Island	258	2	267	7	213	4
30	Chandigarh	300	1	–	–	–	–
31	D & N Haveli	825	3	159	9	126	3
32	Daman & Diu	6	0	11	0	3	0
33	Delhi	10830	147	10602	103	4080	42
34	Lakshadweep	20	1	40	0	86	0
35	Pondicherry	788	2	789	0	615	7
	TOTAL:	236493	1186	181621	718	146804	674

Statement Indicating Sex-wise Distribution of Reported No. of AIDS cases during the last three years

Sl. No.	State/UT	2004				2005				2006			
		Male	Female	Children	Total	Male	Female	Children	Total	Male	Female	Children	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
1	A&N Island	0	0	1	1	1	3	0	1	0	0	0	0
2	Andhra Pd.	3311	2197	103	5611	4542	3037	227	7806	5809	3918	440	10167
3	Arunachal Pd.	0	0	0	0	0	0	0	0	7	5	1	13
4	Assam	9	4	0	13	29	8	3	40	82	21	4	107
5	Bihar	0	0	0	0	0	0	0	0				0
6	Chandigarh	128	40	55	223	451	205	93	749	300	131	20	451
7	Chattisgarh	0	0	0	0	0	0	0	0	–	–	–	0
8	D & N Haveli	0	0	0	0	0	0	0	0	–	–	–	0
9	Daman & Diu	0	0	0	0	0	0	0	0	–	–	–	0
10	Delhi	53	11	4	68	1013	337	114	1464	228	98	20	346
11	Goa	75	33	1	109	110	55	2	167	19	4	0	23
12	Gujarat	1154	409	61	1624	1411	482	62	1955	622	221	16	859
13	Haryana	70	15	0	85	143	47	8	198	159	40	3	202
14	Himachal Pd.	60	13	2	75	55	17	1	73	5	1	0	6
15	J & K	0	0	0	0	0	0	0	0	27	6	1	34
16	Jharkhand	0	0	0	0	110	63	0	173	105	49	5	159

1	2	3	4	5	6	7	8	9	10	11	12	13	14
17	Karnataka	169	48	5	222	1498	638	83	2219	–	–	–	0
18	Kerala	51	20	2	73	0	0	0	0	–	–	–	0
19	Lakshadweep	0	0	0	0	0	0	0	0	–	–	–	0
20	Madhya Pd.	149	51	9	209	237	104	18	359	168	56	6	230
21	Maharashtra	3131	1330	370	4831	3301	1732	650	5683	2580	1274	493	4347
22	Manipur	0	0	0	0	0	0	0	0	52	25	3	80
23	Meghalaya	0	0	0	0	0	0	0	0	–	–	–	0
24	Mizoram	25	20	9	54	0	0	0	0	1	3	0	4
25	Nagaland	140	93	36	269	8	9	1	18	–	–	–	0
26	Orissa	136	45	5	186	146	27	4	177	92	22	2	116
27	Pondicherry	0	0	0	0	0	0	0	0	–	–	–	0
28	Punjab	42	17	3	62	74	26	3	103	150	73	16	239
29	Rajasthan	172	48	8	228	195	96	12	303	188	96	18	302
30	Sikkim	0	0	0	0	2	1	0	3	–	–	–	0
31	Tamil Nadu	9054	5451	766	15271	2258	1421	177	3856	6729	4281	471	11481
32	Tripura	0	0	0	0	0	0	0	0	–	–	–	0
33	Uttar Pradesh	84	23	2	109	266	65	8	339	–	–	–	0
34	Uttranchal	15	4	0	19	37	11	1	49	0	0	0	0
35	West Benal	0	0	0	0	0	0	0	0	–	–	–	0
	TOTAL:	18028	9872	1442	29342	15887	8384	1467	25738	17323	10324	1519	29166

National Leprosy Eradication Programme

State-wise Leprosy Cases detected during 3 years

Sl. No.	Name of state	2004-05	2005-06	2006-07
1	Andhra Pradesh	18751	8171	9443
2	Arunachal Pradesh	66	56	59
3	Assam	1227	1176	1067
4	Bihar	40395	25835	21350
5	Chhattisgarh	13110	9040	6047
6	Goa	290	186	146
7	Gujarat	6900	6399	7652
8	Haryana	449	333	502
9	Himachal Pradesh	252	231	198
10	Jharkhand	19131	7357	7672
11	Jammu & Kashmir	298	253	264
12	Karnataka	7850	5307	4299
13	Kerala	1500	1159	870
14	Madhya Pradesh	7626	6850	5274
15	Maharashtra	32618	13844	11189
16	Manipur	41	45	44
17	Meghalaya	27	16	26
18	Mizoram	18	24	20
19	Nagaland	59	98	51
20	Orissa	20595	8477	5088
21	Punjab	1173	1143	960
22	Rajasthan	1299	1442	1263
23	Sikkim	39	37	19
24	Tamil Nadu	11244	6654	5316
25	Tripura	60	73	65
26	Uttar Pradesh	48010	36409	32413
27	Uttaranchal	1280	894	763
28	West Bengal	20891	15755	13593
29	A & N Islands	48	26	35
30	Chandigarh	289	247	223
31	D & N Haveli	195	157	131
32	Daman & Diu	2	6	7
33	Delhi	4221	3705	3146
34	Lakshadweep	3	5	0
35	Pondicherry	106	47	57
	TOTAL:	260063	161457	139252